

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5/5/03.

## I. DISPUTE

Whether there should be reimbursement for muscle/skin graft of head - 15732, revision of arm/leg - 64708, incision of tendon/muscle - 23405, revision of neck muscle - 21700 and incision of spinal nerve - 64772, dated 9/23/02 and denied based upon "A" - treatment not authorized.

## II. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9/23/02	15732	\$2,124.00	00.00	A	\$2,124.00	Rule 134.600 (h)(1)	Service properly preauthorized. Repair of muscle, myocutaneous or fasciocutaneous flap. Reimbursement of \$2,124.00 is recommended.
	64708	\$506.00	00.00	A	\$1,012.00	See above.	Neuroloplasty; major peripheral nerve. See above. Reimbursement of \$506.00 is recommended.
	23405	\$430.00	00.00	A	\$860.00	See above.	Repair, revision, and or reconstruction oftenomyotomy, shoulder area. See above. Reimbursement of \$430.00 is recommended.
	21700	\$328.50	00.00	A	\$657.00	See above.	Repair, revision and/or reconstruction of division of scalenus anticus; without resection of cervical rib. Service preauthorized properly. Reimbursement of \$328.50 is recommended.
	64772	\$300.00	00.00	A	\$607.00	See above.	Transection or avulsion of other spinal nerve, extradural. Service preauthorized properly. Reimbursement of \$300.00 is recommended.
	23405	\$860.00	00.00	A	\$860.00	See above.	Repair, revision, and or reconstruction oftenomyotomy, shoulder area. Service preauthorized properly. Reimbursement of \$860.00 is

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							recommended.
	64772	\$300.00	00.00	A	\$607.00	See above.	Transection or avulsion of other spinal nerve, extradural. Service preauthorized properly. Reimbursement of \$300.00 is recommended.
TOTAL		\$4,848.50					The requestor is entitled to reimbursement of \$4,848.50.

The preauthorization letter from the carrier, dated 9/3/02, show the services requested as “o/p left brachial plexus neurolysis (64713) and para scapular trigger point denervation (20550) related to left upper extremity. This does not match (word for word) the “name of operation” listed in the operative report of 9/23/02; however, information found in Dorland’s Medical Dictionary confirm the procedures listed in the operative report are all part of the requested surgical services. Therefore, the services were properly preauthorized. On this basis, reimbursement is recommended.

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 15732, 64708, 23405, 21700 and 64772 in the amount of **\$4,848.50**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$4,848.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5<sup>th</sup> day of November, 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/nlb